his rather light shirt collar. These appearances soon passed away; the more severe injuries, as broken ribs and bruises, took the normal course. Professor Escherich laid stress on the fact that the colouring was not of haemorrhagic character, but more of the character of a diapedesis in a large degree. The sudden fright, with the pressure from all sides, caused a spasm of the glottis—contraction of the interarytenoid and the lateral crico-arytenoid muscles, thus checking the normal respiration, and causing disturbances in the vasomotor centres. Similar appearances are seen in cases where by a fall, or by a heavy weight, the body is doubled up, and remains a short time under high pressure. The children tried to cry but could not, and the intrathoracic pressure rose very high, with the unusual effects. All children but one—suffering from a compound fracture of the left tibia—are already at home again.

At the last meeting of the Clinical Society of Vienna, Dr. O. Zuckerkandl explained his method and his observations of surgical intervention in cases of tuberculosis of the kidneys. He finds that as soon as the disease reaches the calyx the ureter becomes infected and is changed into a thick, inelastic canal, with narrowing and occasional dilatation of the lumen. In 80 per cent. of the cases coming under observation the bladder is also diseased. The unilateral basal cystitis is almost pathognomonic of specific renal disease, and the diagnosis is definite if thickening and tenderness of the corresponding ureter are concomitant. If a catheter is passed up the ureter it often encounters much obstruction. Not seldom the ureter is diseased at a time when the symptoms point to the kidney, and in 6 per cent. Zuckerkandl found that the bladder was affected without any disease of the kidney. The operation consists in extirpating not only the kidney, but also—what is of even greater importance—the ureter. The skin is opened from the last rib across the lumbar region to the spine of the ilium, and thence above the Poupart's ligament to the symphysis. Then the abdominal walls are divided except the peritoneum, and the ureter is looked for retroperitoneally. The kidney must then be extirpated, the ureter divided between two ligatures by means of a Paquelin cautery, and the greater (upper) part of it resected. A drain tube is inserted into the stump; the site of the hilus is also drained by a tube, and during convalescence the ureter is cauterized by injections of 5 per cent. carbolic acid. The results of this method are very good; no sinuses form, and four to five weeks after the operation the patient is cured per primam. Dr. Zuckerkandl showed a series of patients treated by this method; among them were a boy of 13 and a woman of 70.

The dangers of extrauterine gestation and its wrong diagnosis were the subject of a paper read at the same meeting by Dr. Fabricius. He said the main point to be remarked is the fact that in nearly all women who complain of sudden colicky pains and bleeding from the vagina, suspicion of extrauterine pregnancy should be entertained if the menses have been suppressed for six to eight weeks. It is, in such cases, a routine practice of many practitioners to curette the uterus. Fabricius pointed out that it is easy to distinguish such cases from real endometritis or catarrhal changes of the uterine mucosa by careful palpation, when a small tumour of the tube will be found besides the enlarged uterus. Although it is possible that the adnexa may be enlarged on both sides, the missed menstruation is in favour of a one-sided tumour and an extrauterine gestation on the other side. In all such cases immediate operation is safest. If the colic and bleeding continue without surgical aid, it is possible that severe internal haemorrhage may end the life of the patient.

In continuance of the passive resistance in the country, to which allusion was made in a former letter, an important step towards a general strike has been made by the new organization. As the present method of obstruction by leaving the diagnosis of infectious diseases to the district officer of health and refusing notification and vaccination did not succeed in impressing official circles, a strike of all country practitioners has been planned. To ensure its success all doctors of the German-speaking parts of the empire, numbering about 6,000, have been asked to pledge their written word of honour that they will not accept a post as district officer of health or any other office and will not undertake any medical work in the rural districts of Lower Austria as long as the strike continues. The different "medical councils" have taken the matter in hand and are working in conjunction with the "free organization." Nearly 5,000 doctors have already answered in the affirmative, and when the last one has answered the strike will begin by all doctors laying down their office of Poor-law medical officers on the same day. The measure is very drastic, and will be a heavy burden to many poor practitioners. It is true the strike fund is being strengthened every day, but still the expenses will be very heavy, and the state of affairs cannot last very long, because such enormous interests are involved in it. Success is, however, expected in medical circles.

CORRESPONDENCE.

SARSAPARILLA IN SYPHILITIC CACHEXIA.

SIR,—In the BRITISH MEDICAL JOURNAL of January 13th, p. 61, Sir Felix Semon, in one of those lectures which too seldom appear from his hand, impressed upon us the advantages of sarsaparilla in large doses in the treatment of syphilitic cachexia. From the trend of his remarks it appeared to me—and I find that I am not alone in receiving this impression—that he attributed this discovery to German physicians, and in particular to two German physicians to whose decoction he attached peculiar virtues. At the time when Sir Felix Semon's lecture appeared I was very much engaged; but I did not forget that in this respect some vindication of English medicine was due from one or other of us. With the close of term I have had time to look up an article of mine in *The Practitioner* for 1870 (vol. iv), but I have not entered upon this search for my own honour; my article was but a corroboration of the clinical acumen of others. Used in the ordinary doses of an ounce or two, sarsaparilla had fallen into general disrepute; but I found in the practice of the Leeds Infirmary that the fault lay not in the drug but in the prescriber. To obtain the proper—I had almost said specific—effects of the drug much larger doses are required—namely, from one to two pints per diem. Unfortunately the expense of this liberal use of sarsa has led to its disuse and to its neglect, even by persons to whom expense is of less importance than an expeditious cure. As I pointed out in my article, even in hospital it is often cheaper—not to mention charity—to administer an expensive drug if thereby time is saved. Of late years this truth has received ample illustration in surgery.

In my article I offered a tribute of respect to Mr. Samuel Smith, so long the eminent and successful Senior Surgeon of the Leeds Infirmary. In the memory of my surgical colleagues, Mr. Teale and Mr. Wheelhouse, no name in our past is held in greater honour than that of Samuel Smith; colleague, as he was, of men no less than Thomas Teale and William Hey the second, to none of his contemporaries, as they were the first to testify, did that great hospital owe more in the maintenance of a high standard of surgical pathology and practice than to Samuel Smith. Unfortunately Smith did little—virtually, indeed, nothing in proportion to his powers—to make his work public. He had, however, his reward in a sound and permanent contribution to a great local tradition. When I went to Leeds I found that at the infirmary sarsa in doses of one to two pints daily had been administered in syphilitic cachexia for at least twenty-five years. May I venture to quote the following passage from my article, an article founded on out-patient practice where the contributory advantages of in-door treatment are not in action?

> Syphilitic patients who are in a thoroughly cachetic state, who have lost flesh and strength, and who are suffering from sluggish ulceration or indolent gumma, patients whose constitutions have been undermined by want of nourishment or by excesses, who have gone through many courses of mercury, who cannot bear any more iodide of potassium, and who are so sallow, so worn, so broken down, so eaten up by disease as to seem fit only for the grave, will often amend on large doses of sarsaparilla, as it is in such cases that this drug fills so important a gap. It will not supersede mercury and iodide of potassium in straightforward cases, but it has its place where these means have failed, or where they are on some grounds to be avoided.

As to the composition of the decoction, there is, in my opinion, little to be said; the formula of Smith's decoction is still in use at the Leeds Infirmary, but I do not suppose that it is any better, unless in the matter of cost, than the compound decoction of the *Pharmacopoeia*. This decoction will be found to give results fully as good as any other formula, home or foreign, if administered in sufficient quantities.—I am, etc.,

Cambridge, March 20th. T. CLIFFORD ALLBUTT.

STATE REGISTRATION OF NURSES.

SIR,—There is reason to believe that the question of the registration of nurses by the State will shortly be coming up for discussion, and that the Bills for this purpose will be considered by the Branch meetings of the British Medical Association.

I should, therefore, like to draw the attention of those of my colleagues who may not have had time to consider the question to the following points:

1. The many and great advantages of the proposed register to us as medical men, in that it would provide us with an assurance that those nurses we employ are thoroughly trained.

2. The construction of the proposed governing body. This I take to be the chief point under discussion at the present time. The enormous improvement in nursing which has taken place in the last 50 or 60 years is, we must all admit, chiefly due to the nurses themselves, and the efforts made from inside their body; they claim, and in my opinion ought to have, the chief control of their own profession.

I would suggest that one-third of their governing body should consist of medical men and laymen, and that not less than two-thirds should be matrons and nurses elected by the nurses themselves. The Royal British Nurses' Association Bill, though emanating from a nominally "Nurses' Association," does not give this proportion; while the other Bill, that of the State Registration Society, does.

Taking into consideration the extreme difficulty that nurses would have in attending meetings regularly, I do not think they claim too much, if they are to have any voice at all in their own management.

Now, for years we had to fight for direct representation on the General Medical Council, and we still think that our direct representation is inadequate.

I appeal to those holding these views to be generous and fair enough to apply them to a "General Nursing Council."—I am, etc.,

Bournemouth, March 17th. E. HYLA GREVES.

SIR,—The result of the deputation to Lord Crewe[1] has placed the registration of nurses within the range of practical politics. It therefore behoves the rank and file of the profession to take such precautions as will safeguard the interests of the general practitioner in the inevitable struggle for supremacy on the governing body hereafter to be created for the registration and regulation of nurses.

The three parties to be considered are "the nurses, the medical profession, and the public," and in the representation of the profession it will be well to take to heart the lesson of the General Medical Council upon which the general practitioner has got direct but by no means adequate representation. The lay governors are almost certain to be Londoners, the representatives of the Privy Council are also certain to be London consultants, and unless strong action is taken by the British Medical Association through its Divisions to secure the representation of what, after all, is the backbone of the profession, the medical practitioners scattered over the three kingdoms, we shall be once more left out in the cold.

We look with confidence in this matter to the Divisions and to the Representative Meeting to protect our interests and to the Council to put in motion the necessary machinery for voicing us.—I am, etc.,

West Bromwich, March 20th. HERBERT MANLEY.

PROPOSED CENTRAL PAY HOSPITAL FOR LONDON.

SIR,—In a recent letter to the *Times*, the Hon. Sydney Holland, Chairman of the London Hospital, opportunely suggests that the hospitals should be relieved of the expense of treating, in the wards, the middle class who are neither very poor nor rich, and who could therefore afford at least a portion of the cost of special treatment and nursing. For this class Mr. Holland recommends the establishment of a large pay hospital, in the professional centre of London, as perfect for its purpose as science can make it, and where any "recognized surgeon" can attend a patient. Such a scheme would undoubtedly be approved by the special physicians and surgeons residing in the district indicated, and it is only fair that they should have, on a less imposing scale than Mr. Holland suggests, the opportunity of taking under their management cases sent from distant localities and of a special character, but it is defective in so far as it ignores the interests of the general practitioner and ultimately of the public. A central pay hospital on the scale suggested by Mr. Holland could not count, with the views now prevailing in the profession, on the support of the practitioners. In the first place there is no provision for a practitioner continuing his attendance on his cases in the institution, and even if he were included under the term "recognized surgeon," it would only apply in practice if he resided near the centre. The practitioners in the suburbs or elsewhere, some distance away, could not attend regularly, and therefore the requirement, for London at least, is a moderate-sized pay or cottage hospital in every locality where patients can be treated by their own doctors, and skilled specialists can be called in consultation if necessary, and there is no reason why such local pay hospitals should not be as up-to-date in all essential particulars as the proposed central pay hospital, even to the supply of Roentgen rays, Finsen light, massage, electrical treatment, etc., and if these are paid for by the wealthier patients in the locality it would be a legitimate source of income to the local pay hospitals, which would tend towards making these institutions ultimately self-supporting.

Such an arrangement would reproduce in pay hospital treatment the relation between doctor and patient which exists in private practice and works as a rule so happily, where the usual medical attendant treats ordinary illness and calls to his aid a suitable specialist when necessary.

Practically the scheme sketched is the same as that suggested by the Hospitals Committee of the British Medical Association, only they use the term "public nursing homes" instead of pay hospitals.

The members of the profession who have elected to enter general practice have hitherto acquiesced in the centralization of the larger hospitals with schools, chiefly because they have considered the existing arrangements necessary in the interests of medical education; but it is quite certain that they will not receive with the same complacency the proposal to collect all the important cases which occur in practice in the centre of London. It would also be for the advantage of the members of the community, when their day of sickness comes, that their medical attendants, who are the first to be summoned, should be in touch with the exact methods of observation and treatment which would be available in the institutions now under consideration.

It is not to oppose Mr. Holland's revival of the project of pay hospitals that this letter is written, but to suggest that his scheme, although possibly applicable to a smaller community, should be modified to meet the wants of London by establishing many cottage or pay hospitals, which would afford the benefits of hospital treatment to people of moderate means, and, being within the reach of all practitioners, the inestimable advantage of what would be practically post-graduate schools, to the great ultimate good, not only of general medical practice, but of the people of London.—I am, etc.,

London, N.W., March 19th. J. FORD ANDERSON, M.D.

THE HAMPSTEAD GENERAL HOSPITAL.

SIR,—The management of the Hampstead General Hospital has been the subject of much criticism by the local medical profession for some time past, and the matter has been coming to a head gradually in the course of the past year or two.

The hospital was originally founded, by a local general practitioner, as a home hospital, where individual local

[1] SUPPLEMENT, March 17th, p. 104.